

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10/785150
APPLICANT(S)

FILING DATE

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS
	IND	DEP	IND	DEP	IND	DEP	
1	1		1				
2		1					
3		1		1			
4		1					
5		2			2		
6		2			2		
7		2			2		
8		1			1		
9		1					
10		1			1		
11		1			1		
12		1			1		
13		2			2		
14		2			2		
15		2			2		
16		2			2		
17	1		1		2		
18	1				1		
19	1				1		
20	1				1		
21	1				1		
22	1				1		
23	2				2		
24	2				2		
25	2				2		
26	1				1		
27	1				1		
28	1				1		
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48							
49							
50							
TOTAL IND.	3				3		
TOTAL DEP.	36				36		
TOTAL CLAIMS	39				39		

CLAIMS	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						